



Date: August 28, 2003  
Attorney Docket No. DTEL 8464US  
First Inventor: Wayne Yingling  
Title: INTERNET SECURITY SYSTEM  
Express Mail Label No. EL 978718920 US



Mail Stop Patent Application  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Attached are:

- ☒ Specification (Total Pages 14)
- ☒ Claims (Total Pages 4)
- ☒ Abstract (Total Pages 1)
- ☒ Drawing(s) ☐ Informal ☒ Formal (Total Sheets 1)
- ☐ Declaration & Power of Attorney (Total Pages )
  - ☐ Newly executed (original or copy)
  - ☐ Copy from a prior application (for continuation/divisional)
- ☐ Assignment Papers (cover sheet & document(s))
- ☐ Information Disclosure Statement
  - ☐ Copies of IDS citations ( references filed herewith)
- ☐ **Non-Publication Request**
  - I hereby request that the attached application **not** be published under 35 U.S.C. 122(b). (if yes, be sure to fill out non-publication request form)
- ☒ Return Receipt Postcard
- ☐ Other:
- ☒ Applicant claims small entity status

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This application is a

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of

Prior Application No.

Examiner:

GAU:

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### FEE CALCULATION

|                                 | Number<br>Filed |        | Number<br>Extra | Other Than<br>A Small<br>Entity | Small<br>Entity | Basic<br>Fee |
|---------------------------------|-----------------|--------|-----------------|---------------------------------|-----------------|--------------|
| Basic Fee                       |                 |        |                 | \$750.00                        | \$375.00        | \$375.00     |
| Total Claims                    | 20              | - 20 = | 0 x             | \$ 18.00                        | \$ 9.00=        | \$0.00       |
| Independent<br>Claims           | 3               | - 3 =  | 0 x             | \$ 84.00                        | \$ 42.00=       | \$0.00       |
| Multiple<br>Dependent<br>Claims | 0               |        |                 | \$280.00                        | \$140.00        | \$0.00       |

**TOTAL AMOUNT OF PAYMENT \$375.00      CUSTOMER NO.: 1688**

**METHOD OF PAYMENT** (Check all that apply)

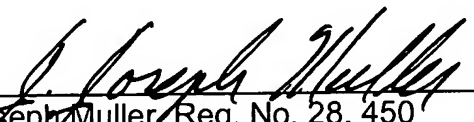
☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other    ☐ None

**Deposit Account:** 162201

**Deposit Account Name:** Polster, Lieder, Woodruff & Lucchesi, L.C.

**The Commissioner is authorized to:** (Check all that apply)

- ☒ Charge any additional fees  
☐ Charge fee(s) indicated above to Deposit Account 162201  
☒ Credit any overpayments

  
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